

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of Michigan

Case number (if known) _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Identify Yourself

	About Debtor 1	About Debtor 2 (Spouse Only in a Joint Case)
1 Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Marcus First Name _____ Middle Name _____ Person Last Name _____ Sr. Suffix (Sr., Jr., II, III) _____	Florence First Name _____ Irene Middle Name _____ Person Last Name _____ Suffix (Sr., Jr., II, III) _____
2 All other names you have used in the last 8 years Include your married or maiden names.	First Name _____ Middle Name _____ Last Name _____ First Name _____ Middle Name _____ Last Name _____	First Name _____ Middle Name _____ Last Name _____ First Name _____ Middle Name _____ Last Name _____
3 Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX - XX - <u>5</u> <u>9</u> <u>7</u> <u>3</u> OR 9XX - XX - _____	XXX - XX - <u>3</u> <u>6</u> <u>7</u> <u>1</u> OR 9XX - XX - _____

Debtor 1

Marcus

First Name

Person Sr.

Middle Name

Last Name

Case Number (if known)

- 4 Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years.

Include trade names and doing business as names

About Debtor 1:

☒ I have not used any business names or EINs

Business Name

Business Name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☒ I have not used any business names or EINs

Business Name

Business Name

EIN

EIN

- 5 Where you live

1912 Lloyd St

Number Street

Flint, MI 48504-7110

City State Zip Code

Genesee

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State Zip Code

If Debtor 2 lives at a different address:

Number Street

City State Zip Code

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State Zip Code

- 6 Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain
(See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain
(See 28 U.S.C. § 1408.)

Part 2 Tell the Court About Your Bankruptcy Case

7	The chapter of the Bankruptcy Code you are choosing to file under	<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13	<i>Check one.</i> (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010). Also, go to the top of page 1 and check the appropriate box.
8	How you will pay the fee	<input checked="" type="checkbox"/> I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. <input type="checkbox"/> I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A) <input type="checkbox"/> I request that my fee be waived. (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.	
9	Have you filed for bankruptcy within the last 8 years?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes District _____ When _____ Case Number _____ MM / DD / YYYY District _____ When _____ Case Number _____ MM / DD / YYYY District _____ When _____ Case Number _____ MM / DD / YYYY	
10	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Debtor _____ Relationship to you _____ District _____ When _____ Case Number, if known _____ MM / DD / YYYY Debtor _____ Relationship to you _____ District _____ When _____ Case Number, if known _____ MM / DD / YYYY	
11	Do you rent your residence?	<input checked="" type="checkbox"/> No Go to line 12. <input type="checkbox"/> Yes Has your landlord obtained an eviction judgment against you? <input type="checkbox"/> No. Go to line 12. <input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.	

Part 3 Report About Any Businesses You Own as a Sole Proprietor**12** Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.



Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City State Zip Code

Check the appropriate box to describe your business:



Health Care Business (as defined in 11 U.S.C. § 101(27A))



Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))



Stockbroker (as defined in 11 U.S.C. § 101(53))



Commodity Broker (as defined in 11 U.S.C. § 101 (6))



None of the above

12 Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of small business debtor, see 11 U.S.C. § 101 (51D)

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).



No. I am not filing under Chapter 11.



No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.



Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4 Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention.**13** Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

No.



Yes. What is the hazard?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property

Number Street

City

State

Zip Code

Part 5

Explain Your Efforts to Receive a Briefing About Credit Counseling

15 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Marcus

First Name

Person Sr.

Last Name

Case Number (if known)

Part 6 Answer These Questions for Reporting Purposes**16 What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101 (8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17 Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☒ No
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18 How many creditors do you estimate that you owe?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,000-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19 How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,000-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20 How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,000-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7 Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed Under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 3429(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Signature of Debtor 1

Executed on 6/28/2019

MM / DD / YYYY

X

Signature of Debtor 2

Executed on 6/28/2019

MM / DD / YYYY

Debtor 1

Marcus
First Name

Middle Name

Person

Sr.
Last Name

Case Number (if known)

For your attorney, if you
are represented by one

If you are not represented by
an attorney, you do not need
to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. 342(b) and, in a case in which 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X


Signature of Attorney for Debtor

Date

6/28/2019

MM / DD / YYYY

John A. Streby

Printed name

John A. Streby

Firm Name

444 Church St.

Number Street

Flint, MI 48502

City

State

Zip Code

Contact Phone

(810) 767-2700

Email address

johnstreby@gmail.com

P-26397

Bar number

Michigan

State

Fill in this information to identify your case:

Debtor 1	<u>Marcus</u>	<u>Person</u>	<u>Sr.</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Florence</u>	<u>Irene</u>	<u>Person</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the:	<u>Eastern</u>	District of	<u>Michigan</u>
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1 Summarize Your Assets

		Your assets Value of what you own
1	Schedule A/B: Property (Official Form 106A/B)	
1a	Copy line 55, Total real estate, from Schedule A/B	\$ <u>15,900.00</u>
1b	Copy line 62, Total personal property, from Schedule A/B	\$ <u>15,020.00</u>
1c	Copy line 63, Total of all property on Schedule A/B	\$ <u>30,920.00</u>

Part 2 Summarize Your Liabilities

		Your liabilities Amount you owe
2	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a	Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>80,420.00</u>
3	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.	\$ <u>17,565.00</u>
3b	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.	+ \$ <u>47,058.19</u>
Your total liabilities		\$ <u>145,043.19</u>

Part 3 Summarize Your Income and Expenses

4	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of Schedule I	\$ <u>3,285.00</u>
5	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of Schedule J	\$ <u>3,285.00</u>

Part 4 Answer These Questions for Administrative and Statistical Records

6 Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you other schedules
- ☒ Yes.

7 What kind of debts do you have?

- ☒ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11, OR, Form 122B Line 11, OR, Form 122C-1 Line 14.

\$ 545.00

9 Copy the following special categories of claims from Part 4, line 6 of Schedule E/F.

Total claim

From Part 4 on Schedule E/F, copy the following:

9a	Domestic support obligations (Copy line 6a.)	\$ _____
9b	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>17,565.00</u>
9c	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ _____
9d	Student loans (Copy line 6f.)	\$ _____
9e	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ _____
9f	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ _____
9g	Total. Add lines 9a through 9f.	\$ <u>17,565.00</u>

Fill in this information to identify your case:

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1 Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report of this form.
- ☒ Yes

1.1 1912 Lloyd St

Street address, if available, or other description

Flint, MI 48504-7110

City State ZIP Code

Genesee

County

What is the property? Check all that apply

- ☒ Single family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this form, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$ <u>15,000.00</u>	\$ <u>15,000.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

fee simple - subject to mortgage

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2 Cemetary Lots

Street address, if available, or other description

Sunset Hills

Flint, Michigan

City State ZIP Code

Genesee

County

What is the property? Check all that apply

- ☐ Single family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☒ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this form, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$ <u>900.00</u>	\$ <u>900.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

owner - 3 cemetary plots

☐ Check if this is community property (see instructions)

1.3

Street address, if available, or other description

City

State

ZIP Code

County

What is the property? Check all that apply

- ☐ Single family home
- ☒ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this form, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

Current value of the portion you own?

\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2 Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____



\$ 15,900.00

Part 2 Describe Your VehiclesDo you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

1 Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make Dodge

Model Caravan

Year 2009

Approximate mileage 82000

Other information

Subject to \$5781 lien

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ 6,000.00

Current value of the portion you own?

\$ 6,000.00

If you own or have more than one, list here:

3.2 Make Chevrolet

Model Express Van

Year 1999

Approximate mileage 170000

Other information

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ 600.00

Current value of the portion you own?

\$ 600.00

3.3 Make Utility Trailer

Model _____

Year _____

Approximate mileage _____

Other information

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ 300.00

Current value of the portion you own?

\$ 300.00

3.4 Make _____

Model _____

Year _____

Approximate mileage _____

Other information

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

Current value of the portion you own?

\$ _____

2 Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
 Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1 Make _____

Model _____

Year _____

Other information

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

Current value of the portion you own?

\$ _____

If you own or have more than one, list here:

4.2 Make _____

Model _____

Year _____

Other information

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$ _____

Current value of the portion you own?

\$ _____

5 Add the dollar value of the portion you own for all of you entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.

\$ 6,900.00

Part 3 Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct amount claims or exemptions

6 Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe....

Miscellaneous Household Goods

\$ 3,000.00

7 Electronics

Examples: Televisions and radios, audio, video, stereo, and digital equipment, computers, printers, scanners, music collections, electronic devices including cell phones, media players, games

☐ No
☒ Yes. Describe....

Miscellaneous Electronics

\$ 600.00

8 Collectibles of value

Examples: Antiques and figurines, paintings, prints, or other artwork, books, pictures, or other art objects, stamp, coin, or baseball card collections, other collections, memorabilia, collectibles

☒ No
☐ Yes. Describe....

Lennox figurines

\$ 800.00

9 Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment, bicycles, pool tables, golf clubs, skis, canoes and kayaks, carpentry tools, musical instruments

☒ No
☐ Yes. Describe....

\$

10 Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No
☒ Yes. Describe....

Handgun

\$ 400.00

11 Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No
☒ Yes. Describe....

Wearing apparel

\$ 700.00

12 Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No
☒ Yes. Describe....

Miscellaneous Jewelry

\$ 1,100.00

13 Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No
☐ Yes. Describe....

\$

14 Any other personal and household items you did not already list, including any health aids you did not list☒ No
☐ Yes. Give specific information.

\$

15 Add the dollar value of the portion you own for all of you entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.

\$ 6,600.00

Part 4 Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct amount claims or exemptions

16 Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No
☒ Yes
Cash: \$ 80.00**17 Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☒ No
☐ Yes

Institution name:

17.1 Checking account	<u>UMCU</u>	\$ <u>500.00</u>
17.2 Checking account	_____	\$ _____
17.3 Savings account	<u>UMCU</u>	\$ <u>400.00</u>
17.4 Savings account	_____	\$ _____
17.5 Certificates of deposit	_____	\$ _____
17.6 Other financial account	_____	\$ _____
17.7 Other financial account	_____	\$ _____
17.8 Other financial account	_____	\$ _____
17.9 Other financial account	_____	\$ _____

18 Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No
☐ Yes

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19 Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture
☒ No
☐ Yes. Give specific information about them

Name of entity:

% of ownership

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

20 Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them

Issuer name:

\$ _____
 \$ _____
 \$ _____

21 Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No
☐ Yes. List each account separately

Type of account

Institution name:

401(k) or similar plan:

Pension plan

IRA

Retirement account

Keogh

Additional account

Additional account

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

22 Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company.

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes

Institution name or individual:

Electric

Gas

Heating oil

Security Deposit on rental unit

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

23 Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes

Issuer name and description:

\$ _____
 \$ _____
 \$ _____

24 Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. 521(c)

_____	\$	_____
_____	\$	_____
_____	\$	_____

25 Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for you benefit

- ☒ No
☐ Yes. Give specific information about them

_____	\$	_____
-------	----	-------

26 Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them

_____	\$	_____
-------	----	-------

27 Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them

_____	\$	_____
-------	----	-------

Money or property owed to you?

Current value of the portion you own?
 Do not deduct amount claims or exemptions

28 Tax refunds owed to you

- ☒ No
☐ Yes Give specific information about them, including whether you already filed the returns and the tax years. . .

Accrued Tax Refunds

Federal	\$	170.00
State	\$	70.00
Local	\$	_____

29 Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes Give specific information

Alimony	\$	_____
Maintenance	\$	_____
Support	\$	_____
Divorce settlement:	\$	_____
Property settlement:	\$	_____

30 Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes Give specific information. . .

Accrued wages

\$	150.00
----	--------

31 Interests in insurance policies

Examples: Health, or life insurance, health savings account (HAS), credit, homeowner's, or renter's insurance

☒ No☐ Yes Name the insurance company of each policy and list its value..

Company name:

Beneficiary:

Surrender or refund value

\$

\$

\$

32 Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes Give specific information. . . .

\$

33 Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes Describe each claim . . .

\$

34 Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes Describe each claim . . .

\$

35 Any financial assets you did not already list☒ No☐ Yes Give specific information. . . .

\$

36 Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ 1,520.00

Part 5 Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37 Any financial assets you did not already list**☒ No. Go to Part 6☐ Yes. Go to line 38Current value of the portion you own?
Do not deduct amount claims or exemptions**38 Accounts receivable or commissions you already earned**☐ No☐ Yes Describe. . .

\$

39 Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No☐ Yes Describe. . .

\$

40 Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☐ No
- ☐ Yes Describe...

\$

41 Inventory

- ☐ No
- ☐ Yes Describe...

\$

42 Interests in partnerships or joint ventures

- ☐ No
- ☐ Yes. Describe...

Name of entity:

% of ownership

%

%

%

\$

\$

\$

43 Customer lists, mailing lists, or other compilations

- ☐ No
- ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

- ☐ No
- ☐ Yes Describe...

\$

44 Any business-related property you did not already list

- ☐ No
- ☐ Yes. Give specific information...

\$

\$

\$

\$

\$

\$

45 Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



\$

Part 6 Describe any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46 Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

Current value of the portion you own?

Do not deduct amount claims or exemptions

47 Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☐ No
- ☐ Yes

\$

48 Crops - either growing or harvested

- ☐ No
☐ Yes. Give specific information . . .

\$

49 Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☐ No
☐ Yes

\$

50 Farm and fishing supplies, chemicals, and feed

- ☐ No
☐ Yes

\$

51 Any farm- and commercial fishing-related property you did not already list

- ☐ No
☐ Yes. Give specific information . . .

\$

52 Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$ -**Part 7** Describe All Property You Own or Have an Interest In That You Did Not List Above

53 Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information . . .

\$
 \$
 \$

54 Add the dollar value of all of your entries from Part 7. Write that number here

\$ -**Part 8** List the Totals of Each Part of this Form

55 Part 1: Total real estate, line 2

\$ 15,900.00

56 Part 2: Total vehicles, line 5

\$ 6,900.00

57 Part 3: Total personal and household items, line 15

\$ 6,600.00

58 Part 4: Total financial assets, line 36

\$ 1,520.00

59 Part 5: Total business-related property, line 45

\$ -

60 Part 6: Total farm- and fishing-related property, line 52

\$ -

61 Part 7: Total other property not listed, line 54

\$ -

62 Total personal property. Add lines 56 through 61.

\$ 15,020.00Copy personal
property total\$ 15,020.00

63 Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 30,920.00

Fill in this information to identify your case:

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
First Name Middle Name Last Name

(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt - Debtor

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B:) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. One the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1 Identify the Property You Claim as Exempt

1 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2 For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>1912 Lloyd St</u>	\$ <u>15,000.00</u>	<input type="checkbox"/> \$ <u>no equity</u>	
Line from Schedule A/B <u>1.1</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(1)</u>
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3 Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No.
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No.
- ☐ Yes

Part 2 Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Miscellaneous Household G</u> \$ <u>3,000.00</u>		<input type="checkbox"/> \$ _____	
Line from Schedule A/B <u>6</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Brief description: <u>Wearing apparel</u> \$ <u>700.00</u>		<input type="checkbox"/> \$ _____	
Line from Schedule A/B <u>11</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Brief description: <u>Miscellaneous Jewelry</u> \$ <u>1,100.00</u>		<input type="checkbox"/> \$ _____	
Line from Schedule A/B <u>12</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(4)</u>
Brief description: <u>Cash</u> \$ <u>80.00</u>		<input type="checkbox"/> \$ _____	
Line from Schedule A/B <u>16</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>Checking account</u> \$ <u>500.00</u>		<input type="checkbox"/> \$ _____	
Line from Schedule A/B <u>17.1</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>Savings account</u> \$ <u>400.00</u>		<input type="checkbox"/> \$ _____	
Line from Schedule A/B <u>17.3</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>Miscellaneous Electronics</u> \$ <u>600.00</u>		<input type="checkbox"/> \$ _____	
Line from Schedule A/B <u>7</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>Accrued Tax Refunds</u> \$ <u>240.00</u>		<input type="checkbox"/> \$ _____	
Line from Schedule A/B <u>28</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: _____ \$ _____		<input type="checkbox"/> \$ _____	
Line from Schedule A/B _____		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Utility Trailer</u> Line from Schedule A/B <u>3.3</u>	\$ <u>300.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>Cemetery Lots</u> Line from Schedule A/B <u>1.2</u>	\$ <u>900.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(1)</u>
Brief description: <u>Handgun</u> Line from Schedule A/B <u>10</u>	\$ <u>400.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: <u>Accrued Wages</u> Line from Schedule A/B <u>30</u>	\$ <u>150.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Brief description: _____ Line from Schedule A/B _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
First Name Middle Name Last Name

(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1 Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1 List All Secured Claims

2 List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports the claim	Column C Unsecured portion if any
--	---	---

<p>2.1 <u>Midland Mortgage</u></p> <p>Creditor's Name <u>PO Box 268806</u></p> <p>Number Street <u>Oklahoma City, OK 73126</u></p> <p>City State</p> <p>Who incurred the debt? Check one</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Date debt was incurred <u>8/20/08</u></p>	<p>Describe the property that secures the claim:</p> <p><u>Home Mortgage</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number <u>55612195</u></p>	<p>\$ <u>74,639.00</u> \$ <u>15,000.00</u> \$ <u>59,639.00</u></p>
--	--	--

<p>2.2 <u>U of M Credit Union</u></p> <p>Creditor's Name <u>PO Box 7850</u></p> <p>Number Street <u>Ann Arbor, MI 48107</u></p> <p>City State</p> <p>Who incurred the debt? Check one</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Date debt was incurred <u>7/6/16</u></p>	<p>Describe the property that secures the claim:</p> <p><u>2009 Dodge Caravan</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number <u>561150</u></p>	<p>\$ <u>5,781.00</u> \$ <u>6,000.00</u> \$</p>
--	---	---

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 80,420.00

Fill in this information to identify your case:

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1 List All of Your PRIORITY Unsecured claims

1 Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes

2 List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1 Genesee County Friend of Court Last 4 digits of account number _____ Total claim \$ 17,565.00 Priority amount \$ _____ Nonpriority amount \$ 17,565.00

Priority Creditor's Name

1986-084774-DS

Number Street

1101 Beach St

Flint, MI 48502

City State

When was the debt incurred?

Arrears only

Who incurred the debt? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic Support Obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated.
☐ Other. Specify Child Support

2.2 _____ Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Priority Creditor's Name

Number Street

City State

When was the debt incurred?

Who incurred the debt? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic Support Obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated.
☐ Other. Specify _____

Part 2 List All of Your NONPRIORITY Unsecured Claims**3** Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4 List all of your nonpriority unsecured claims in alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1**Advanced Diagnostic Imaging**

Nonpriority Creditor's Name

Shek Law Offices

Number Street

803 N Michigan Ave**Saginaw, MI 48602**

City State Zip Code

Who incurred the debt? Check one

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number

398902Total claim
\$ **598.62**

When was the debt incurred?

8/28/18

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection Judgment**

4.2**Asset Acceptance**

Nonpriority Creditor's Name

Best Buy

Number Street

PO Box 2036**Warren, MI 48090-2036**

City State Zip Code

Who incurred the debt? Check one

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number

xxx 9703\$ **4,107.43**

When was the debt incurred?

pre 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection Judgment**

4.3**AT&T Mobility**

Nonpriority Creditor's Name

Credence Resource

Number Street

17000 Dallas Parkway #204**Dallas, TX 75248**

City State Zip Code

Who incurred the debt? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?
- ☒ No
- ☐ Yes

Last 4 digits of account number

xxx 9471\$ **100.00**

When was the debt incurred?

Last Service 3/17

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Telephone Services**

Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4	Capital Alliance Financial Nonpriority Creditor's Name <u>3923 28th St SE #386</u> Number Street <u>Grand Rapids, MI 49546</u> City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? <u>12/19/13</u>	\$ <u>821.22</u>
Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Judgment</u>			

4.5	Capital One Bank Nonpriority Creditor's Name <u>PO Box 30285</u> Number Street <u>Salt Lake City, UT 84130-0285</u> City State Zip Code	Last 4 digits of account number <u>xxx 3064</u> When was the debt incurred? <u>11/1/12</u>	\$ <u>1,055.04</u>
Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Judgment</u>			

4.6	Capital One Bank Nonpriority Creditor's Name <u>PO Box 30285</u> Number Street <u>Salt Lake City, UT 84130-0285</u> City State Zip Code	Last 4 digits of account number <u>2 accounts</u> When was the debt incurred? <u>pre 2013</u>	\$ <u>2,632.96</u>
Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>			

Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.7, followed by 4.8, and so forth.

Total claim

4.7

Danbury Mint

Nonpriority Creditor's Name

Last 4 digits of account number

xxx 8598

\$ 128.70

Universal Fidelity

Number Street

When was the debt incurred?

7/5/18

PO Box 219785

Houston, TX 77218-9785

City State Zip Code

Who incurred the debt? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Merchandise

4.8

Disney Movie Club

Nonpriority Creditor's Name

Last 4 digits of account number

2835156

\$ 81.95

PO Box 758

Number Street

When was the debt incurred?

9/10/08

Neenah, WI 54957-0758

City State Zip Code

Who incurred the debt? Check one

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Movie Club

4.9

Genesys Integrated Grp Diagnostics

Nonpriority Creditor's Name

Last 4 digits of account number

1316169

\$ 253.00

6634 Solutions Center

Number Street

When was the debt incurred?

1/4/17

Chicago, IL 60677-6006

City State Zip Code

Who incurred the debt? Check one

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Expense

Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.10, followed by 4.11, and so forth.

Total claim

4.10	Genesys Regional Medical Nonpriority Creditor's Name One Genesys Parkway Number Street Grand Blanc, MI 48439-1477 City State Zip Code Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxx 5015</u> When was the debt incurred? <u>2/5/19</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Expense</u>	\$ <u>281.04</u>
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4.11	Genesys Regional Medical Nonpriority Creditor's Name 22639 N 17th Ave Number Street Phoenix, AZ 85027-1303 City State Zip Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 accounts</u> When was the debt incurred? <u>10/13 to 6/17</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Expense</u>	\$ <u>325.00</u>
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4.12	Gettington Nonpriority Creditor's Name 6250 Ridgewood Rd Number Street St Cloud, MN 56303 City State Zip Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>Current</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Merchandise</u>	\$ <u>100.00</u>
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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.13, followed by 4.14, and so forth.

Total claim

4.13	Ginny's Nonpriority Creditor's Name 1112 7th Avenue Number Street Monroe, WI 53566-1364 City State Zip Code	Last 4 digits of account number <u>xxx 2966</u>	\$ <u>1,365.97</u>
When was the debt incurred? <u>2011</u>			
Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Merchandise</u>	

4.14	Great Lakes Anesthesia Assoc Nonpriority Creditor's Name 6639 Solution Center Number Street Chicago, IL 60677-6006 City State Zip Code	Last 4 digits of account number <u>42974931</u>	\$ <u>163.88</u>
When was the debt incurred? <u>7/2/13</u>			
Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Expense</u>	

4.15	Henry Ford Health System Nonpriority Creditor's Name PO Box 339 Number Street Troy, MI 48099-0339 City State Zip Code	Last 4 digits of account number <u>xxxx 2385</u>	\$ <u>246.41</u>
When was the debt incurred? <u>4/14</u>			
Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Expense</u>	

Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.16, followed by 4.17, and so forth.

Total claim

4.16	Henry Ford Health System Nonpriority Creditor's Name PO Box 553920 Number Street Detroit, MI 48255-3920 City State Zip Code	Last 4 digits of account number <u>xxx 2344</u> When was the debt incurred? <u>2/17 to 4/17</u>	\$ <u>1,370.00</u>
Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Expense</u>			

4.17	Home Depot Credit Services Nonpriority Creditor's Name PO Box 653000 Number Street Dallas, TX 75265-3000 City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? <u>6/11</u>	\$ <u>2,500.00</u>
Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Merchandise</u>			

4.18	HSBC Bank Nevada Nonpriority Creditor's Name Allied Interstate Number Street 3000 Corporate Exchange Dr #F5 Columbus, OH 43231 City State Zip Code	Last 4 digits of account number <u>xxx 7671</u> When was the debt incurred? <u>pre 2013</u>	\$ <u>675.40</u>
Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Account</u>			

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.19, followed by 4.20, and so forth.

Total claim

4.19	Hurley ER Phy Group Nonpriority Creditor's Name PO Box 79001 Number Street Drawer 1773 Detroit, MI 48279-1773 City State Zip Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 accounts</u> When was the debt incurred? <u>1/7/08</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Expense</u>	\$ <u>378.00</u>
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4.20	Hurley Medical Center Nonpriority Creditor's Name 1 Hurley Plaza Number Street Flint, MI 48503 City State Zip Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 accounts</u> When was the debt incurred? <u>2007-09</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Expense</u>	\$ <u>298.87</u>
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4.21	Jefferson Capital Nonpriority Creditor's Name Fingerhut Number Street 16 McLeland Rd Saint Cloud, MN 56303 City State Zip Code Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxx 9344</u> When was the debt incurred? <u>11/11/15</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Judgment</u>	\$ <u>4,201.01</u>
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Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.22, followed by 4.23, and so forth.

Total claim

4.22 **Jefferson Capital** Last 4 digits of account number xxx 4100 \$ 783.88
 Nonpriority Creditor's Name
Fingerhut When was the debt incurred? 10/1/14
 Number Street
16 McLeland Rd
Saint Cloud, MN 56303
 City State Zip Code
 Who incurred the debt? Check one
☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Collection Judgment

4.23 **Lane Bryant** Last 4 digits of account number xxx 3013 \$ 1,064.76
 Nonpriority Creditor's Name
Comenity When was the debt incurred? 2011
 Number Street
PO Box 182125
Columbus, OH 43218-2125
 City State Zip Code
 Who incurred the debt? Check one
☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Merchandise

4.24 **Merchants & Medical Credit** Last 4 digits of account number 4 accounts \$ 325.00
 Nonpriority Creditor's Name
re Hamilton, Hurley, Trager When was the debt incurred? 2013
 Number Street
6324 Taylor Dr
Flint, MI 48507-4685
 City State Zip Code
 Who incurred the debt? Check one
☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Is the claim subject to offset?
☒ No
☐ Yes
 As of the date you file, the claim is: Check all that apply.
☒ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Expense

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.25, followed by 4.26, and so forth.

Total claim

4.25	Midland Funding LLC Nonpriority Creditor's Name Chase Bank USA Number Street PO Box 12914 Norfolk, VA 23541 City State Zip Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? <u>8/29/13</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Judgment</u>	\$ <u>5,959.91</u>
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4.26	Midland Funding LLC Nonpriority Creditor's Name Citibank Home Depot Number Street PO Box 6003 Hagerstown, MD 21747 City State Zip Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxx 2422</u> When was the debt incurred? <u>2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Judgment</u>	\$ <u>3,804.85</u>
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4.27	Ostermans Nonpriority Creditor's Name Northland Group Number Street PO Box 390846 Minneapolis, MN 55439 City State Zip Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>xxx 0933</u> When was the debt incurred? <u>pre 2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Merchandise</u>	\$ <u>2,192.69</u>
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Debtor 1

Marcus

Person

Sr.

Case Number (if known)

First Name

Middle Name

Last Name

Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.28, followed by 4.29, and so forth.

Total claim

4.28

Pathology Consultants

Last 4 digits of account number

7 accounts

\$ 1,246.00

Nonpriority Creditor's Name

PO Box 2468

When was the debt incurred?

3/21/16

Number Street

Indianapolis, IN 46206-2468

City State Zip Code

Who incurred the debt? Check one

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Lab Fees

4.29

Portfolio Recovery

Last 4 digits of account number

\$ 1,127.41

Nonpriority Creditor's Name

PO Box 12914

When was the debt incurred?

3/14/13

Number Street

Norfolk, VA 23541

City State Zip Code

Who incurred the debt? Check one

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Collection Judgment

4.30

Portfolio Recovery

Last 4 digits of account number

xxx 1924

\$ 1,064.55

Nonpriority Creditor's Name

Fashion Bug / WFNB

When was the debt incurred?

pre 2013

Number Street

PO Box 12914

Norfolk, VA 23541

City State Zip Code

Who incurred the debt? Check one

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Merchandise

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.31, followed by 4.32, and so forth.

Total claim

4.31	Portfolio Recovery Nonpriority Creditor's Name Venue / Mason Shoes Number Street PO Box 12914 Norfolk, VA 23541 City State Zip Code	Last 4 digits of account number <u>xxx 1553</u> When was the debt incurred? <u>pre 2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Merchandise</u>	\$ <u>259.11</u>
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4.32	Portfolio Recovery Nonpriority Creditor's Name Sterling Jewelers JB Robinson Number Street PO Box 12914 Norfolk, VA 23541 City State Zip Code	Last 4 digits of account number <u>xxx 4820</u> When was the debt incurred? <u>pre 2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Merchandise</u>	\$ <u>2,621.30</u>
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4.33	Quest Diagnostics Nonpriority Creditor's Name PO Box 740020 Number Street Cincinnati, OH 45274-0020 City State Zip Code	Last 4 digits of account number <u>xxx 5831</u> When was the debt incurred? <u>2/20/18</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Lab Fees</u>	\$ <u>40.73</u>
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Part 2: List All of Your NONPRIORITY Unsecured Claims

3 Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4 List all of your nonpriority unsecured claims in alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 **Quest Diagnostics**
Nonpriority Creditor's Name
Credit Collection Services
Number Street
725 Canton St
Norwood, MA 02062
City State Zip Code
Who incurred the debt? Check one
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number xxx 8754 Total claim \$ 163.35

When was the debt incurred? 5/15/17

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Lab Fees

4.2 **Quest Diagnostics**
Nonpriority Creditor's Name
American Medical Collection
Number Street
4 Westchester Plaza #110
Elmsford, NY 10523
City State Zip Code
Who incurred the debt? Check one
☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number xx 6203 \$ 221.45

When was the debt incurred? 2/17/17

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Medical Expense

4.3 **RDA Enthusiast**
Nonpriority Creditor's Name
North Shore Agency
Number Street
270 Spagnoli Rd #110
Mellville, NY 11747
City State Zip Code
Who incurred the debt? Check one
☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number xx 1697 \$ 19.98

When was the debt incurred? 6/17

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Home Fun Food

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.34	Regional Medical Imaging <small>Nonpriority Creditor's Name</small> 3346 Lennon Rd <small>Number Street</small> Flint, MI 48507 <small>City State Zip Code</small>	Last 4 digits of account number <u>10389492</u> When was the debt incurred? <u>9/11/17</u>	\$ <u>108.56</u>
<p>Who incurred the debt? Check one</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Expense</u></p>			

4.35	U of M Credit Union <small>Nonpriority Creditor's Name</small> PO Box 7850 <small>Number Street</small> Ann Arbor, MI 48107 <small>City State Zip Code</small>	Last 4 digits of account number <u>xxx 1150</u> When was the debt incurred? <u>11/17 & 12/18</u>	\$ <u>2,772.16</u>
<p>Who incurred the debt? Check one</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Signature Loans</u></p>			

4.36	U of M Credit Union <small>Nonpriority Creditor's Name</small> PO Box 7850 <small>Number Street</small> Ann Arbor, MI 48107 <small>City State Zip Code</small>	Last 4 digits of account number <u>xxx 1150</u> When was the debt incurred? <u>3/21/07</u>	\$ <u>1,000.00</u>
<p>Who incurred the debt? Check one</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Visa Account</u></p>			

Debtor 1

Marcus

Person

Sr.

Case Number (if known)

First Name

Middle Name

Last Name

Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.7, followed by 4.8, and so forth.

Total claim

4.37

U of M Health System

Last 4 digits of account number

1039877

\$ 68.00

Nonpriority Creditor's Name

Dept CH 14410

When was the debt incurred?

11/15/13

Number Street

Palatine, IL 60055-4410

City State Zip Code

Who incurred the debt? Check one

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Medical Expense

4.38

Wal-Mart

Last 4 digits of account number

\$ 530.00

Nonpriority Creditor's Name

PO Box 981401

When was the debt incurred?

5/02

Number Street

El Paso, TX 79998-1401

City State Zip Code

Who incurred the debt? Check one

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Merchandise

4.39

Nonpriority Creditor's Name

Last 4 digits of account number

\$ -

Number Street

When was the debt incurred?

City State Zip Code

Who incurred the debt? Check one

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify

Part 3 List Others to Be Notified About a Debt That You Already Listed

5 Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Mary Jane Elliott
Name
Atty for Jefferson Capital
Number Street
24300 Karim Blvd
Novi, MI 48375
City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Stenger & Stenger PC
Name
Atty for Capital Alliance
Number Street
2618 E Paris Ave SE
Grand Rapids, MI 49546
City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Shermeta Law Group
Name
Atty for Capital One
Number Street
PO Box 5016
Rochester, MI 48308
City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Weber & Olcese PLC
Name
Atty for Portfolio & Capital One
Number Street
3250 W Big Beaver Rd #124
Troy, MI 48084
City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Stillman Law Office
Name
Atty for Midland Funding LLC
Number Street
30057 Orchard Lake Rd #200
Farmington Hills, MI 48334
City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Portfolio Recovery Associates
Name
re Lane Bryant World Fiancial
Number Street
PO Box 12914
Norfolk, VA 23541
City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1

Marcus

Person Sr.

Case Number (if known)

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

- 5 Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

American Medical Collection

Name

Quest Diagnostics

Number

Street

4 Westchester Plaza #110

Elmsford, NY 10523

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

LJ Ross

Name

re Henry Ford Health

Number

Street

PO Box 6099

Jackson, MI 49204-6099

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Scheer Green & Burke

Name

Atty for Genesys Medical

Number

Street

1 Seagate #640

Toledo, OH 43604-1358

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Russell Collection Agency

Name

re Pathology & Hurley Physican

Number

Street

PO Box 7009

Flint, MI 48507-0009

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

☒

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number

Street

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

☐

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number

Street

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one):

☐

Part 1: Creditors with Priority Unsecured Claims

☐

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4 Add the Amounts for Each Type of Unsecured Claim

6 Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ _____
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>17,565.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ _____
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$ _____
	6e. Total. Add lines 6a through 6d.	6e.	\$ <u>17,565.00</u>
Total claim			
Total claims from Part 2	6f. Student Loans	6f.	\$ _____
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims.	6g.	\$ _____
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ _____
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here	6i.	+ \$ <u>47,058.19</u>
	6j. Total. Add lines 6a through 6d.	6j.	\$ <u>47,058.19</u>

Fill in this information to identify your case:

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. One the top of any additional pages, write your name and case number (if known).

1 Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report of this form.
☐ Yes

2 List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____

2.2

Name _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____

2.3

Name _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____

2.4

Name _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____

2.5

Name _____
 Number _____ Street _____
 City _____ State _____ Zip Code _____

Fill in this information to identify your case:

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
First Name Middle Name Last Name

(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1 Do you have any codebtors? (If you are filing a joint case, do not either spouse as a codebtor.)

☒ No
☐ Yes

2 Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No, Go to line 3.
☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State Zip Code

2 In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1. Your codebtor

Column 2: The creditor to who you owe the debt
 Check all schedules that apply

3.1

Name

Number Street

City State Zip Code

☐ Schedule D, Line _____
☐ Schedule E/F, Line _____
☐ Schedule G, Line _____

3.2

Name

Number Street

City State Zip Code

☐ Schedule D, Line _____
☐ Schedule E/F, Line _____
☐ Schedule G, Line _____

3.3

Name

Number Street

City State Zip Code

☐ Schedule D, Line _____
☐ Schedule E/F, Line _____
☐ Schedule G, Line _____

Fill in this information to identify your case.

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date: _____

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/16

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
1 Fill in your employment information		
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
If you have more than one job, attach a separate page with information about additional employers	Occupation <u>Maintenance</u>	_____
Include part-time, seasonal, or self-employed work.	Employer's name <u>Downtown Outreach Ministries</u>	_____
Occupation may include student or homemaker, if it applies.	Employer's address <u>414 W Court St</u> <small>Number Street</small>	_____
	_____	_____
	_____	_____
	<u>Flint, MI 48503</u> <small>City State Zip Code</small>	_____
		<small>City State Zip Code</small>
How long employed there?	<u>2 yrs</u>	_____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2 List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<u>\$ 550.00</u>	<u>\$ -</u>
3 Estimate and list monthly overtime pay.	<u>\$ -</u>	<u>\$ -</u>
4 Calculate gross income. Add line 2 + line 3.	<u>\$ 550.00</u>	<u>\$ -</u>

Official Form 106I

Schedule I: Your Income

page 1

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	→ 4	\$ 550.00	\$ -
5 List all payroll deductions:			
5a Tax, Medicare, and Social Security deductions	5a	\$ 57.00	\$ -
5b Mandatory contributions for retirement plans	5b	\$ -	\$ -
5c Voluntary contributions for retirement plans	5c	\$ -	\$ -
5d Required repayments of retirement fund loans	5d	\$ -	\$ -
5e Insurance	5e	\$ -	\$ -
5f Domestic support obligations	5f	\$ 10.00	\$ -
5g Union dues	5g	\$ -	\$ -
5h Other deductions. Specify	5h +	\$ -	+ \$ -
6 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h	6	\$ 67.00	\$ -
7 Calculate total monthly take-home pay. Subtract line 6 from line 4.	7	\$ 483.00	\$ -
8 List all other income regularly received:			
8a Net income from rental property and from operating a business, profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			
	8a	\$ -	\$ -
8b Interest and dividends	8b	\$ -	\$ -
8c Family support payments that you, a non-filing spouse, or a dependent regularly receive			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			
	8c	\$ -	\$ -
8d Unemployment compensation	8d	\$ -	\$ -
8e Social Security	8e	\$ 1,503.00	\$ 704.00
8f Other government assistance that you regularly receive			
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
Specify			
	8f	\$ -	\$ -
8g Pension or retirement income	8g	\$ -	\$ -
8h Other monthly income. Specify: Courier Income	8h +	\$ 595.00	+ \$ -
9 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h	9	\$ 2,098.00	\$ 704.00
10 Calculate monthly income. Add line 7 + line 9.	10	\$ 2,581.00	\$ 704.00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			\$ 3,285.00
11 State all other regular contributions to the expenses that you list in Schedule J.			
Include contributions from an unmarried partner, members of your household, your dependants, your roommates, and other friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.			
Specify:			
12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12		\$ 3,285.00
13 Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
First Name Middle Name Last Name

(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date: _____
MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Describe Your Household

1 Is this a joint case?

- ☐ No. Go to line 2
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-. Expenses for Separate Household of Debtor 2.

2 Do you have dependents?

- ☒ No
- ☐ Yes. Fill out this information for each dependent _____

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2

Do not state the dependents' names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3 Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2 Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4 \$ 590.00

If not included in line 4:

4a Real estate taxes

4a \$ -

4b Property, homeowner's, or renter's insurance

4b \$ -

4c Home maintenance, repair, and upkeep expenses

4c \$ 30.00

4d Homeowner's association or condominium dues

4d \$ -

Debtor 1

Marcus

Person Sr.

Case Number (if known)

First Name

Middle Name

Last Name

Your expenses

5 Additional mortgage payments for your residence, such as home equity loans

5 \$ -

6 Utilities:

6a Electricity, heat, natural gas

6a \$ 200.00

6b Water, sewer, garbage collection

6b \$ 89.00

6c Telephone, cell phone, internet, satellite, and cable services

6c \$ 277.00

6d Other. Specify: _____

6d \$ -

7 Food and housekeeping supplies

7 \$ 450.00

8 Childcare and children's education costs

8 \$ -

9 Clothing, laundry, and dry cleaning

9 \$ 60.00

10 Personal care products and services

10 \$ 50.00

11 Medical and dental expenses

11 \$ 20.00

12 Transportation. Include gas, maintenance, bus or train fare.

12 \$ 530.00

Do not include car payments.

13 Entertainment, clubs, recreation, newspapers, magazines, and books

13 \$ 75.00

14 Charitable contributions and religious donations

14 \$ -

15 Insurance

15 \$ -

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a Life insurance

15a \$ 106.00

15b Health insurance

15b \$ 118.00

15c Vehicle insurance

15c \$ 432.00

15d Other insurance. Specify _____

15d \$ -

16 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16 \$ -

Specify: _____

17 Installment or lease payments:

17a Car payments for Vehicle 1

17a \$ 258.00

17b Car payments for Vehicle 2

17b \$ -

17c Other. Specify _____

17c \$ -

17d Other. Specify _____

17d \$ -

18 Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).

18 \$ -

19 Other payments you make to support others who do not live with you.

Specify: _____

19 \$ -

20 Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.

20a Mortgage on other property

20a \$ -

20b Real estate taxes

20b \$ -

20c Property, homeowner's, or renter's insurance

20c \$ -

20d Maintenance, repair, and upkeep expenses

20d \$ -

20e Homeowner's association or condominium dues

20e \$ -

Debtor 1

Marcus

Person

Sr.

Case Number (if known)

First Name

Middle Name

Last Name

21 Other. Specify:

21 + \$ -

22 Calculate your monthly expenses.

22a Add lines 4 through 21.

22 \$ 3,285.00

22b Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

\$ -

22c Add line 22a and 22b. The result is your monthly expenses.

\$ 3,285.00

23 Calculate your monthly net income.

23a Copy line 12 (your combined monthly income) from Schedule I.

23a \$ 3,285.00

23b Copy your monthly expenses from line 22c above

23b - \$ 3,285.00

23c Subtract your monthly expenses from your monthly income.

23c \$ -

The result is your *monthly net income*.

24 Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No

☐ Yes

Explain here:

Fill in this information to identify your case:

Debtor 1	<u>Marcus</u>	<u>Person</u>	<u>Sr.</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Florence</u>	<u>Irene</u>	<u>Person</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the:	<u>Eastern</u>	District of	<u>Michigan</u>
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571.

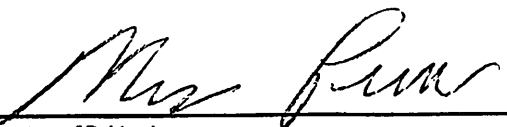
Sign Below

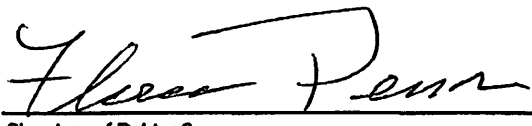
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X 
Signature of Debtor 1

X 
Signature of Debtor 2

Date 6/28/2019
MM / DD / YYYY

Date 6/28/2019
MM / DD / YYYY

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Fill in this information to identify your case:

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04-19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Give Details About Your Marital Status and Where You Lived Before

1 What is your current marital status?

- ☐ Married
☒ Not married

2 During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number _____ Street _____	From _____ To _____	Number _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____		City _____ State _____ ZIP Code _____	

3 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

- 4 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Gross Income (before deductions and exclusions)	Debtor 2	Gross Income (before deductions and exclusions)
	Sources of income Check all that apply		Sources of income Check all that apply	
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 2,450.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
For last calendar year: (January 1 to December 31, 2018) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ (W2) 6,525 (1090) 6,715	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$
For the calendar year before that: (January 1 to December 31, 2017) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ (W2) 6,600 (1090) 7,580	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$

- 5 Did you receive any other income during this year or the two previous calendar years?
 Include income regardless of whether that income is taxable. Examples of other income are alimony, child support, Social Security, unemployment, and other public benefit payments; pensions, rental income, interest, dividends, money collected from lawsuits, royalties, and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Gross Income (before deductions and exclusions)	Debtor 2	Gross Income (before deductions and exclusions)
	Sources of income Check all that apply		Sources of income Check all that apply	
From January 1 of current year until the date you filed for bankruptcy:	Social Security	\$ 10,521.00	Social Security	\$ 4,928.00
		\$		\$
		\$		\$
For last calendar year: (January 1 to December 31, 2018) YYYY	Social Security	\$ 19,128.00	Social Security	\$ 9,804.00
		\$		\$
		\$		\$
For the calendar year before that: (January 1 to December 31, 2017) YYYY	Social Security	\$ 18,756.00	Social Security	\$ 9,612.00
		\$		\$
		\$		\$

Part 3

List Certain Payments You Made Before You Filed for Bankruptcy

6 Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No Neither Debtor 1 nor Debtor 2 has primarily consumer debts? *Consumer Debts* are defined in 11 U.S.C. § 1010(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for..
Creditor's Name Number Street City State ZIP Code		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Creditor's Name Number Street City State ZIP Code		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Creditor's Name Number Street City State ZIP Code		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

7 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives, any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Creditor's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Creditor's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

8 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Creditor's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Creditor's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Part 4 Identify Legal Actions, Repossessions, and Foreclosures

9 Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

	Nature of this case	Court or agency	Status of the case
Case title <u>Adv Diag Imag vs Florence Person</u> Case number <u>18g 4233 gc</u>	Collection Action	<u>67 District Court</u> Court Name <u>630 S Saginaw</u> Number Street <u>Flint, MI 48502</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title _____ Case number _____		Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	Explain what happened <input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	_____	\$ _____
Creditor's Name _____ Number Street _____ City State ZIP Code _____	Explain what happened <input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	_____	\$ _____

Debtor 1

Marcus**Person Sr.**

Case Number (if known)

First Name

Middle Name

Last Name

- 11 Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?



No



Yes. Fill in the details.

Describe the action this creditor took

Date action was taken

Amount

Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number: XXXX-

\$

- 12 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?



No



Yes.

Part 5 List Certain Gifts and Contributions

- 13 Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?



No



Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

\$

\$

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

\$

\$

14 Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?



No



Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Date you contributed

Value

Charity's Name

\$

Number Street

\$

City State ZIP Code

Part 6

List Certain Losses

15 Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?



No



Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage of the loss. Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost.

\$

Part 7

List Certain Payments or Transfers

16 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.



No



Yes. Fill in the details.

Describe and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

\$

Number Street

\$

City State ZIP Code

Email or website address

Person Who Made the Payment, If Not You

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Describe and value of any property
transferredDate payment or
transfer was made

Amount of payment

\$

\$

- 17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.



No



Yes. Fill in the details.

Describe and value of any property
transferredDate payment or
transfer was made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

\$

\$

- 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.



No



Yes. Fill in the details.

Description and value of property
transferredDescribe any property or payments
received or debts paid in exchange.Date transfer
was made

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Debtor 1

Marcus

Person

Sr.

Case Number (if known)

First Name

Middle Name

Last Name

- 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer
was made

Name of trust

Part 6 List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

- 20 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Last 4 digits of account
numberType of account or
instrumentDate account was
closed, sold, moved,
or transferredLast balance before
closing or transfer

\$

Name of Financial Institution

XXXX-

☐ Checking☐ Savings☐ Money Market☐ Brokerage☐ Other

Number Street

City State ZIP Code

Name of Financial Institution

XXXX-

☐ Checking☐ Savings☐ Money Market☐ Brokerage☐ Other

Number Street

City State ZIP Code

- 21 Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still
have it?

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

- ☐ No
☐ Yes

22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

- ☐ No
☐ Yes

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Part 9 List Property You Hold or Control for Someone Else

23 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

\$ _____

Number Street

City State ZIP Code

City State ZIP Code

Part 10 Give Details About Environmental Information

For the purposes of Part 10, the following definitions apply:

- ⚙ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ⚙ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ⚙ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24 Has any government unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Government unit

Environmental law, if you know it

Date of notice

Name of Financial Institution

Government unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

25 Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

		Government unit	Environmental law, if you know it	Date of notice		
Name of site		Government unit				
Number	Street	Number			Street	
		City			State	ZIP Code
City	State	ZIP Code				

26 Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

		Court or agency	Nature of the case	Status of the case		
Case title		Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded		
		Number			Street	
Case Number		City			State	ZIP Code

Part 11 Give Details About Your Business or Connections to Any Business

27 Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

courier service for employer only Business Name only Number Street City State ZIP Code	Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business Name of accountant or bookkeeper City State ZIP Code	Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ Dates business existed From ____ To ____ Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ Dates business existed From ____ To ____
---	---	--

Debtor 1

Marcus

Person Sr.

Case Number (if known)

First Name

Middle Name

Last Name

Business Name

Number Street

City State ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From _____ To _____

28 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐

No

☐

Yes. Fill in the details below.

Date Issued

Business Name

Number Street

City State ZIP Code

MM / DD / YYYY

Part 12 Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date 6/28/2019

Date 6/28/2019

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

☒

No

☐

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒

No

☐

Yes. Name of person _____

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case.

Debtor 1 Marcus Person Sr.
First Name Middle Name Last Name

Debtor 2 Florence Irene Person
First Name Middle Name Last Name

(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Michigan

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known)

Part 1 List Your Creditors Who Have Secured Claims

1 For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below:

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: Midland Mortgage

- ☐ Surrender the property
- ☐ Retain the property and redeem it
- ☒ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and (explain): _____

☐ No

☒ Yes

Description of property securing debt: Home Mortgage

Creditor's name: U of M Credit Union

- ☐ Surrender the property
- ☐ Retain the property and redeem it
- ☒ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and (explain): _____

☐ No

☒ Yes

Description of property securing debt: 2009 Dodge Caravan

Creditor's name: _____

- ☐ Surrender the property
- ☐ Retain the property and redeem it
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and (explain): _____

☐ No

☐ Yes

Description of property securing debt: _____

Creditor's name: _____

- ☐ Surrender the property
- ☐ Retain the property and redeem it
- ☐ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and (explain): _____

☐ No

☐ Yes

Description of property securing debt: _____

Part 2 List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: _____

☐ No
☐ Yes

Description of leased property _____

Lessor's name: _____

☐ No
☐ Yes

Description of leased property _____

Lessor's name: _____

☐ No
☐ Yes

Description of leased property _____

Lessor's name: _____

☐ No
☐ Yes

Description of leased property _____

Lessor's name: _____

☐ No
☐ Yes

Description of leased property _____

Lessor's name: _____

☐ No
☐ Yes

Description of leased property _____

Lessor's name: _____

☐ No
☐ Yes

Description of leased property _____

Part 3 Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date 6/28/2019

MM/DD/YYYY

Date

6/28/2019

MM/DD/YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as “incurred by an individual
primarily for a personal, family, or
household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file
under one of four different chapters of the
Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan
for family farmers or
fishermen
- Chapter 13 — Voluntary repayment plan
for individuals with regular
income

You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their
debts and who are willing to allow their non-
exempt property to be used to pay their
creditors. The primary purpose of filing under
chapter 7 is to have your debts discharged. The
bankruptcy discharge relieves you after
bankruptcy from having to pay many of your
pre-bankruptcy debts. Exceptions exist for
particular debts, and liens on property may still
be enforced after discharge. For example, a
creditor may have the right to foreclose a home
mortgage or repossess an automobile.

However, if the court finds that you have
committed certain kinds of improper conduct
described in the Bankruptcy Code, the court
may deny your discharge.

You should know that even if you file
chapter 7 and you receive a discharge, some
debts are not discharged under the law.
Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement
obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	<u>administrative fee</u>
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	<u>administrative fee</u>
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- ❑ domestic support obligations,
- ❑ most student loans,
- ❑ certain taxes,
- ❑ debts for fraud or theft,
- ❑ debts for fraud or defalcation while acting in a fiduciary capacity,
- ❑ most criminal fines and restitution obligations,
- ❑ certain debts that are not listed in your bankruptcy papers,
- ❑ certain debts for acts that caused death or personal injury, and
- ❑ certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT

Eastern

DISTRICT OF

Michigan

In re

Marcus Sr. and Florence I. Person

Case No.

Chapter

7

Debtor

STATEMENT OF ATTORNEY FOR DEBTOR (S)
PURSUANT TO F.R.BANKR.P. 2016(b)

The undersigned, pursuant to 11 U.S.C. § 329(a) and F.R.Bankr.P. 2016(b), states that:

1. The undersigned is the attorney for the Debtor(s) in this case.

2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: (Check one)

FLAT FEE

A. For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid

\$ 1,000.00

B. Prior to filing this statement, received

\$ 1,000.00

C. The unpaid balance due and payable is

\$ -

RETAINER

A. Amount of retainer received

\$ -

B. The undersigned shall bill against the retainer at an hourly rate of \$250.00. (Or attach firm hourly rate schedule.) Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

Check this box if such payment or agreement was made after one year before the date of the filing of the petition.

3 \$ 335.00 total filing fee charges \$ 335.00 received \$ - due and payable

3a \$ - total credit counseling charges \$ - received \$ - due and payable

4 In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: (Cross out any that do not apply.)

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

E. Reaffirmations;

F. Redemptions;

G. Other:

5. A supplemental statement will be filed within 15 days after any payment or agreement not disclosed in this statement.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services. The attorney and the debtor agree to the following fees if necessary:

Additional copy of petition after discharge: \$25

Amend Schedules to add omitted creditors before discharge (Ch. 7): \$125

Request to adjourn or non-attendance at 341 hearing: \$75

Adversary Proceedings Defenses: retainer at hourly rate set above.

Redemptions: \$200

2004 Deposition called by Creditor: \$75

Chapter 13 post-confirmation compensation shall be by application to the court at the hourly rate set above.

7. The source of payments to the undersigned was from:

A. Debtor(s) earnings, wages, compensation for services performed.

B. Other (describe, including the identity of payor)

8. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:

Date: June 28, 2019

X

John A. Streby (P-26397)

Agreed:

Debtor

Debtor

Advanced Diagnostic Imaging
Shek Law Offices
803 N Michigan Ave
Saginaw, MI 48602

American Medical Collection
Quest Diagnostics
4 Westchester Plaza #110
Elmsford, NY 10523

Asset Acceptance
Best Buy
PO Box 2036
Warren, MI 48090-2036

AT&T Mobility
Credence Resource
17000 Dallas Parkway #204
Dallas, TX 75248

Capital Alliance Financial
3923 28th St SE #386
Grand Rapids, MI 49546

Capital One Bank
PO Box 30285
Salt Lake City, UT 84130-0285

Danbury Mint
Universal Fidelity
PO Box 219785
Houston, TX 77218-9785

Disney Movie Club
PO Box 758
Neenah, WI 54957-0758

Genesys Integrated Grp Diagnostics
6634 Solutions Center
Chicago, IL 60677-6006

Genesys Regional Medical
One Genesys Parkway
Grand Blanc, MI 48439-1477

Genesys Regional Medical
22639 N 17th Ave
Phoenix, AZ 85027-1303

Gettington
6250 Ridgewood Rd
St Cloud, MN 56303

Ginny's
1112 7th Avenue
Monroe, WI 53566-1364

Great Lakes Anesthesia Assoc
6639 Solution Center
Chicago, IL 60677-6006

Henry Ford Health System
PO Box 339
Troy, MI 48099-0339

Henry Ford Health System
PO Box 553920
Detroit, MI 48255-3920

Home Depot Credit Services
PO Box 653000
Dallas, TX 75265-3000

HSBC Bank Nevada
Allied Interstate
3000 Corporate Exchange Dr #F5
Columbus, OH 43231

Hurley ER Phy Group
PO Box 79001
Drawer 1773
Detroit, MI 48279-1773

Hurley Medical Center
1 Hurley Plaza
Flint, MI 48503

Jefferson Capital
Fingerhut
16 McLeland Rd
Saint Cloud, MN 56303

Lane Bryant
Comenity
PO Box 182125
Columbus, OH 43218-2125

LJ Ross
re Henry Ford Health
PO Box 6099
Jackson, MI 49204-6099

Mary Jane Elliott
Atty for Jefferson Capital
24300 Karim Blvd
Novi, MI 48375

Merchants & Medical Credit
re Hamilton, Hurley, Trager
6324 Taylor Dr
Flint, MI 48507-4685

Midland Funding LLC
Chase Bank USA
PO Box 12914
Norfolk, VA 23541

Midland Funding LLC
Citibank Home Depot
PO Box 6003
Hagerstown, MD 21747

Midland Mortgage
PO Box 268806
Oklahoma City, OK 73126

Ostermans
Northland Group
PO Box 390846
Minneapolis, MN 55439

Pathology Consultants
PO Box 2468
Indianapolis, IN 46206-2468

Portfolio Recovery
PO Box 12914
Norfolk, VA 23541

Portfolio Recovery
Fashion Bug / WFNB
PO Box 12914
Norfolk, VA 23541

Portfolio Recovery
Venue / Mason Shoes
PO Box 12914
Norfolk, VA 23541

Portfolio Recovery
Sterling Jewelers JB Robinson
PO Box 12914
Norfolk, VA 23541

Portfolio Recovery Associates
re Lane Bryant World Financial
PO Box 12914
Norfolk, VA 23541

Quest Diagnostics
PO Box 740020
Cincinnati, OH 45274-0020

Quest Diagnostics
Credit Collection Services
725 Canton St
Norwood, MA 02062

RDA Enthusiast
North Shore Agency
270 Spagnoli Rd #110
Mellville, NY 11747

Regional Medical Imaging
3346 Lennon Rd
Flint, MI 48507

Russell Collection Agency
re Pathology & Hurley Physician
PO Box 7009
Flint, MI 48507-0009

Scheer Green & Burke
Atty for Genesys Medical
1 Seagate #640
Toledo, OH 43604-1358

Shermeta Law Group
Atty for Capital One
PO Box 5016
Rochester, MI 48308

Stenger & Stenger PC
Atty for Capital Alliance
2618 E Paris Ave SE
Grand Rapids, MI 49546

Stillman Law Office
Atty for Midland Funding LLC
30057 Orchard Lake Rd #200
Farmington Hills, MI 48334

U of M Credit Union
PO Box 7850
Ann Arbor, MI 48107

U of M Health System
Dept CH 14410
Palatine, IL 60055-4410

Wal-Mart
PO Box 981401
El Paso, TX 79998-1401

Weber & Olcese PLC
Atty for Portfolio & Capital One
3250 W Big Beaver Rd #124
Troy, MI 48084